NATIONAL DEFENSE FELLOW PROGRAM

AIR UNIVERSITY

THE MILITARY WAR ON DRUGS:

TOO MANY ASSETS, TOO FEW RESULTS

By

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Preface

Most of my Air Force career has been in Special Operations. Although never directly involved with drug enforcement operations (DEO), I've always wondered why we have accomplished so little in halting the abuse of drugs in our society. After several months researching the problem, I will provide some new insights into the role of the military in the complex labyrinth we call the "War on Drugs."

When I first began this study, I was certain the "War on Drugs" could be won if the full force and assets of the Department of Defense (DoD) were used properly. Certainly a country as powerful as the United States, using its capabilities, could squash a drug smuggling problem. Why had so many smart people in DoD failed to evaluate the "Big Picture" then efficiently and effectively use US military assets to conquer the drug threat? Now that I've researched this incredibly complex problem, I want to apologize to all the men and women who have worked, suffered, and died grappling with this seemingly unsolvable problem. I am now convinced that the use of military forces is not the best answer to the "War on Drugs."

In retrospect, I viewed the "Drug War" much like many military leaders perceived the War in Vietnam as it was occurring. Throughout the war, military officers viewed North Vietnam and its Viet Cong surrogates as inferior adversaries. By underestimating their opponents, the United States lost over 58,000 of its youth, and ultimately lost the war. In many ways, the people of the United States (senior civilian and military leaders,

law enforcement officials, and the general public) have underestimated the entrepeneurial abilities and elasticity of the international drug market. We are waging the wrong kind of "war" against an adversary we refuse to respect and understand. "Body count" was an incorrect measure of effectiveness for the Vietnam War. Likewise, "tons of illegal drugs interdicted and seized" measures nothing meaningful in our efforts to stop illegal drug use in America.

Before studying the "Drug War," I believed a superior military force, like the United States, could defeat any adversary if that military force had a focused mission, was properly trained, equipped, and led. A "Drug War" waged by thugs, hoodlums and criminals should be particularly easy to defeat. Previously, I surmised that if the assets of the most powerful military on Earth were used correctly, then the "Drug War" would be over in a few months. I did not see or understand the lucrative nature of the threat, and I forgot that the force of economics is more powerful than military might. Overall, my early premise and approach was flawed and incorrect.

After six months of research, countless hours of investigating, and numerous interviews, I've reached certain conclusions that are contrary to current U.S. policy.

My first discovery is that the United States, in particular the Department of Defense (DoD), is incapable of winning the so called "Drug War." The best and most logical reason DoD fails in this capacity is because the "Drug War" isn't really a war at all. The U.S. drug problem could be fought like a war if military forces were allowed to fight to win it. But important legal and human rights issues preclude giving the DoD sufficient latitude and Rules of Engagement to militarily defeat international drug organizations.

This study will show that "supply side" interdiction, seizure, and confiscation have little long-term effect on the cost or availability of illegal drugs in the United States. Huge profits and demand fuel the need for illegal drugs which organized crime is more than willing to supply. Although we've wrapped illegal drug use in the veil of military operations and criminal intent, the long-term solution may be found in programs that raise health awareness, educate the general population, and prevent the use and abuse of all drugs. No lasting effect will occur without permanently reducing the demand for drugs.

The drug problem in the United States is the result of societal flaws that create a "demand," therefore military drug interdiction operations have no long-term positive effect. The evidence to support these allegations will be discussed in the following pages.

Acknowledgments

I wish to thank the many people who have inspired and aided in the development of this research. I am forever grateful for the guidance and assistance from Dr. Gordon McCormick, my research advisor. His insights, experience and mentoring are invaluable to me. Likewise I want to thank Jennifer Duncan, who time after time, rescued me from the bureaucracy and technocrats who gave me challenges instead of solutions. I also want to thank Robert Allgood and Dee Taylor for their tireless support of this superb learning opportunity.

The cooperation and assistance from Sharon Nell, Director, Programs, Resources and Assessments, Drug Enforcement Policy and Support, Office of the Assistant Secretary of Defense, Special Operations/Low-Intensity Conflict, and her staff, were critical to getting the correct government data for this study.

I also want to thank the numerous people I interviewed (and cited in the Bibliography) who suffered my questions and dull wit. In particular, a special thanks to former Kansas City, Missouri, and San Jose, California, Chief of Police Joseph D. McNamara for his time and breadth of knowledge.

Last, but certainly not least, I want to thank my wife, Glenda, for her tireless support. This is the third thesis she has suffered through (not counting her own). She is the best editor and proofreader I've ever met. Everything good in this paper is thanks to Glenda and the other people I've mentioned. All of its faults and failures are mine.

Abstract

Over the last two decades more than $179.5 billion have been spent by the Department of Defense (DoD) and other government agencies combating the importation and illegal use of drugs into the United States. The purpose of this paper is to determine whether the U.S. military efforts played either a positive, negative, or neutral role in Drug Enforcement Operations (DEO)?

To determine the effectiveness of the military contributions several questions are asked and answered. The paper looks at various measures of effectiveness (MOE), total costs to the military, and the outcome of the DoD effort. It also provides some background on the counterdrug effort and shows drug abuse in America is nothing new.

Current measures of effectiveness (MOE) for drug enforcement operations include the "retail" or "street" price of drugs in various US cities, which reflects the supply of illegal drugs. The second government measure is the amount of drugs seized each year. This paper shows how inadequate these metrics are for describing the success or failure of counterdrug operations.

The research concludes three key points. First, current U.S. counterdrug efforts are not working. The government's own statistics show that the quantity of drugs, the availability of drugs, the price and purity of drugs are all better for the "consumer" today than they were a decade ago. Interdiction operations achieve nothing of consequence.

Second, military involvement in drug interdiction operations should be drastically reduced. Billions of dollars have been spent by the Department of Defense to little or no avail in support of the "drug war." U.S. military might is a diminishing resource that needs to be prepared to fight the nation's "real wars," not its so-called "drug wars."

Third, the "Drug War" isn't a war at all. The mantle of "war" has been wrapped around the U.S. drug problem for political and economic reasons. If the so-called "drug war" became an actual "shooting war" the restrictions on civil liberties and human rights would be unbearable to the general public. War is a very deadly enterprise.

Further militarization of the drug war is not the answer. The current U.S. policy for dealing with America's illegal drug problem is fatally flawed. The facts and the statistics clearly show that emphasizing supply reduction over demand reduction is ineffective.

The counterdrug effort of the United States of America has overwhelmingly supported supply reduction efforts instead of demand reduction efforts. This approach is failing. It is time to put the majority of effort into counterdrug demand reduction. It's also time to take the responsibility for America's drug war from the hands of the military general and give it to the Surgeon General. Maybe then long-term solutions can be found.

Chapter 1

Introduction

Even when the laws have been written down, they ought not always remain unchanged.

--Aristotle

Over the last two decades more than $179.5 billion have been spent by the Department of Defense (DoD) and other government agencies combating the importation and illegal use of drugs into the United States.[1] While the effort to combat illegal drugs increased, the DoD force structure reductions have cut personnel, equipment, and overseas military infrastructure at an alarming rate.[2] All of this drawdown occurred at the same time the US military's participation in overseas contingency operations skyrocketed.

The vast majority of these contingency operations turned into long-term efforts outside the boundaries of the continental United States. The result of these commitments is a dramatic increase in operations tempo for all combat, combat service, and combat service support personnel and equipment. This drain on resources has severely impacted

[1] Federal Drug Budget since Fiscal Year 1980. Source: U.S. Department of Justice, Drug Enforcement Administration, http://www.usdoj.gov/dea/agency/staffing.htm .

[2] General Hugh H. Shelton, Chairman, Joint Chiefs of Staff, stated during a National Strategy Forum, Chicago, Illinois, March 26, 2001, that the U.S. Army is now the seventh largest in the world, has only 10 active duty divisions (down from 18), and that the Navy and Air Force have experienced similar reductions. Although the Army is 40 percent smaller, it is deployed 300 percent more often.

DoD[3]'s ability to maintain combat readiness levels, finance force modernization and fund future weapon system development.

The United States must size, shape, and manage its forces more efficiently and effectively to be capable of meeting the fundamental challenges in the defense strategy. However, the primary mission of the Armed Forces of the United States "is to deter and, if necessary, to fight and win conflicts in which our vital interests are threatened."[4]

The *National Security Strategy* clearly outlines when military forces should be employed. For vital interests "use of force will be decisive and, if necessary, unilateral."[5] If the threat is less than vital then:

> "military forces should only be used if they advance U.S. interests, they are likely to accomplish their objectives, the costs and risks of their employment are commensurate with the interests at stake, and other non-military means are incapable of achieving our objectives. Such uses of military forces should be selective and limited, reflecting the importance of the interests at stake."[6]

The *National Security Strategy* goes on to state that before committing military force several critical questions must be considered:

1) Have we explored or exhausted non-military means that offer a reasonable chance of achieving our goals?
2) Is there a clearly defined, achievable mission?
3) What is the threat environment, and what risks will our forces face?
4) What level of effort will be needed to achieve our goals?
5) What are the potential costs—human and financial—of the operation?
6) What are the opportunity costs in terms of maintaining our capability to respond to higher-priority contingencies?

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[3]

[4] *A National Security Strategy For A New Century,* The White House, December 1999, 11.
[5] Ibid, 19.
[6] Ibid, 19.

7) Do we have milestones and a desired end state to guide a decision on terminating the mission?"[7]

These questions and more will be the measures of effectiveness for DoD involvement in the war on drugs.

Research Methodology

The purpose of this paper is to determine whether the effort and resources spent by the DoD on the "War On Drugs[8]" (a term first used by President Richard Nixon in 1972) are worth the investment. Have U.S. military efforts played either a positive, negative, or neutral role in Drug Enforcement Operations (DEO)?

Chapter One asks several questions. What are the "costs" of the effort to stop illegal drug abuse in America (costs include actual money spent; equipment used, lost, or given away; time lost for training, opportunities lost, effects on readiness, effects on future force modernization, effects on recruiting, effects on retention, effects on morale; and lives lost supporting counterdrug operations, to name just a few of the costs to military operations)? Have the costs of the "War on Drugs" been measured accurately? Have the costs to the DoD been worth the investment? Have the American people been told the total cost of the "War on Drugs?" To answer these questions, this paper looks at various measures of effectiveness (MOE), total costs to the military, and the outcome of the DoD effort.

Chapter Two provides some background on the counterdrug effort and what forced the DoD into its current role. A brief historical review shows drug abuse in America is nothing new.

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[7] Ibid, 20.
[8] Joseph D. McNamara, "Drug War Follies," *Stanford,* September 1994, 54.

Chapter Three examines current measures of effectiveness (MOE) for drug enforcement operations. These MOE include the "retail" or "street" cost of drugs in various U.S. cities, the availability of illegal drugs, the fluctuation in the supply of illegal drugs, the fluctuation in demand, and other pertinent measures. Chapter Three also explores the return on investment, relative to the effort, and the result of military intervention in the drug war. It also considers direct and indirect costs to the military while waging its "war" on drug trafficking. Has DoD accurately captured the costs of the drug war? What are the "opportunity costs" for using military personnel, material, and resources in support of "law enforcement operations?" What is the overall impact?

The final chapter highlights observations and recommendations based on information discovered during the research. The paper is limited in time and space, but hopefully offers recommendations useful to senior civilian and military leaders.

Chapter 2

The National Drug Problem

Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself.

—President Jimmy Carter, 1977

Drug abuse is nothing new to American society. Drugs, both legal and illegal, have been used and abused by citizens of the United States since its inception. The first European colonists swapped alcohol for tobacco (and its highly addictive by-product nicotine) with the Native Americans who greeted them. The use of cocaine began in the United States during the mid-1830s, and was used most prominently between 1890 and 1915. By the 1930s, cocaine use declined to near extinction and remained at the margins of the American drug scene for over four decades.[9]

[9] Joseph F. Spillane, *Did Prohibition Work? Reflections On the End of the First Cocaine Experience In the United States, 1910-1945,* RAND Report DRU-1243-DPRC (University of Florida, Center for Studies in Criminology and Law, November 1995), v.

National Trends

According to Joseph Spillane, the historical study of drug-using trends in America is "often an account of the movement of various drugs on and off the national stage."[10] Cocaine abuse is one example of a drug that was popular among Americans, declined, and then rose in demand once again.

The United States' first cocaine epidemic spanned roughly forty years before it almost vanished in the 1930s.[11] According to the Permanent Central Narcotics Board of the United Nations, **worldwide** seizures of illicit cocaine averaged only seven kilograms (15.4 pounds) between 1958 and 1962.[12]

Joseph Spillane suggests several supply reduction theories for cocaine's near total demise by the 1920s. Some researchers believe it declined due to reduced user demand. Others believe cocaine use declined because of the impact of restrictive legislation (Harrison Narcotic Act, 1914). Other researchers believe stricter law enforcement restricting distribution networks increased costs to the point where other drugs became cheaper and more accessible. The Great Depression and World War II greatly affected international distribution which adversely affected both cocaine and heroin supplies. Spillane's research also suggests legal suppliers of cocaine migrated their products to less regulated markets outside the United States where it was easier to sell both legally and

[10] Ibid, 1.
[11] Lester Grinspoon and James B. Bakalar, *Cocaine: A Drug and Its Social Evolution* (New York: Basic Books Press, 1976), 43. See also David F. Musto, "Lessons of the First Cocaine Epidemic," *The Wall Street Journal,* 11 June 1986.
[12] Spillane, 3.

illegally.[13] Sadly, none of Joseph Spillane's research conclusively describes why cocaine nearly disappeared from the United States' "underworld" for four decades.

Likewise, there is no definitive study proving that a demand reduction approach ended the first cocaine epidemic. Cocaine lost its medical desirability when synthetics like eucain (first introduced and produced by the European firm Schering & Glatz in 1896) and procaine (produced by the Farbwerke Hoescht Company under the trade name Novocain) became popular medical substitutes.[14]

Changing public opinion from one of quiet acceptance to one of horror may have reduced demand. Prohibitionists and Christian missionary groups added drug abuse to their anti-alcohol campaign. These groups lobbied strongly by publicizing cocaine's dangers to the general public. The popular image of a degenerate "coke fiend" thoroughly destroyed an important market in low-potency coca and cocaine preparations.[15]

Prohibitionist groups persuaded Congress to make outlaws of drug users. Religious groups like the Protestant Missionary Societies in China, the Women's Christian Temperance Union, and the Anti-Saloon League persuaded Congress to make outlaws of drug users.[16] Prior to this movement, drug use had been considered a medical problem. "Criminalizing" drug abuse halted medical treatment for most addicts and encouraged a

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[13] Joseph Spillane notes post-world war growth of cocaine consumption in regions with previously minor cocaine problems. These regions included much of Europe, the Soviet Union, India, and Asia. The production of cocaine was the exclusive property of legal pharmaceutical and chemical firms which, for profitability, sought newer and less regulated markets for their cocaine. International cocaine increased at the same time US consumption decreased. 8-12.

[14] Spillane, 15-16, 30.

[15] The most popular sources of cocaine to the general public were numerous tonic and beverage preparations. Coca wines (with cocaine doses of between 5-15 milligrams) and coca soft drinks (including Coca Cola and its competitors with doses as little as 2 milligrams) were the most prevalent and least troublesome to the consumer. As early as 1903, Coca Cola "de-cocainized" their product and increased its caffeine content. Spillane, 17-18, 31.

[16] Joseph D. McNamara, "Drug War Follies," *Stanford,* September 1994, 57.

lucrative black market economy to support "illegal" drug habits. Ironically, punitive legislation did not eradicate drug use, it merely made it a crime.[17]

Joel Phillips and Ronald Wynne suggest other drugs, amphetamines in particular, replaced cocaine abuse.[18] Three drugs historically linked to cocaine are caffeine, amphetamine, and heroin.

Caffeine was an important component of "colas" even before the cocaine was removed from them. Harvey Wiley, responsible for administering the nation's Pure Food and Drugs Law of 1906, ordered an investigation of soft drink consumption. His study was an effort to prove the injurious nature of caffeine. He found that consumption levels of previously "cocainized" beverages remained the same when levels of caffeine were stable or increased. His study was designed to show how dangerous caffeine is as an addictive drug. His findings never caught the imagination of the American public.[19]

While caffeine has rarely been considered a cocaine replacement, other stimulants may be the answer. Amphetamines, first introduced into the United States in the 1930s is seen by several drug researchers as the principal reason for cocaine's decline in popularity during the era.[20]

Substituting one stimulant for another is a popular notion among doctors and scientists as to why one drug is favored by abusers over another. Cocaine fell out of favor and suffered great scrutiny during the same time amphetamines were unregulated and yet "un-demonized."

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[17] Joseph D. McNamara, "The History of United States Anti-Opium Policy," *Federal Probation,* June 1973, 15-21; "Drug War Follies," *Stanford,* September 1994, 57.
[18] Joel L. Phillips and Ronald W. Wynne, *Cocaine: The Mystique and the Reality* (New York: Avon Books, 1980), 102.
[19] Spillane, 21.
[20] Joel L. Phillips and Ronald W. Wynne, *Cocaine: The Mystique and the Reality* (New York: Avon Books, 1980), 102.

Likewise, there was a resurgence of cocaine use in the late 1960s and early 1970s. The popularity of cocaine increased when media campaigns highlighted the dangers of using amphetamines. Ads warning America's youth that "speed kills" reduced the appetite for amphetamines, and "coke" again became popular.[21]

War Declared On Drugs

Drug abuse was relegated to the fringes of society from the late 1920s until the early 1960s. Organized crime controlled drug trafficking within the United from the 1950s to the 1970s. The *Cosa Nostra* (Mafia) controlled an estimated 95 percent of heroin distributed throughout the United States during this period.[22]

It is estimated that in 1962, four million Americans tried an illegal drug. President John F. Kennedy held the first White House Conference on Narcotics and Drug Abuse. The Nixon Administration turned drug abuse from concern to "war" by creating the Special Action Office for Drug Abuse Prevention in 1971. In 1973, President Nixon established the Drug Enforcement Agency (DEA) and provided it with a budget of $70 million.[23]

In 1972, law enforcement efforts dismantled the primary drug trafficking route between France and the United States. By severing the "French Connection," criminal syndicates in South America, primarily Colombia, rose to supremacy in the delivery and production of illegal drugs to the United States. These new criminal organizations introduced cocaine into the United States on a massive scale. This new infusion of drugs

[21] Barry Stimmel, *The Facts About Drug Use* (New York: Hayworth Medical Press, 1993), 189-191.
[22] 1986 President's Commission on Law Enforcement, 23.
[23] The total Federal Drug Budget for 1973 was $70 million. In Fiscal Year 2000, the DEA budget alone was $1.55 billion.

fueled crime and violence on American streets. So alarming was this increase in crime that the public demanded an increase in law enforcement.

In 1986, the Congress passed an Anti-Drug Abuse Act giving the Executive Branch more authority to fight the growing drug problem.[24] The military was pulled into the "war on drugs" when President Ronald Reagan signed the 1986 National Security Decision Directive (NSDD) 221 which referred to international narcotics trafficking as a "threat to United States national security." This presidential directive expanded national drug enforcement agencies to include the Department of Defense, Treasury, Transportation, Justice and State. It also gave the Central Intelligence Agency (CIA) and the National Security Agency (NSA) a role in counter drug operations.[25]

The National Defense Authorization Act became public law in 1989. The Department of Defense then became the single lead agency responsible for the detection and monitoring of aerial and maritime transit of illegal drugs into the United States, in addition to numerous other responsibilities.[26]

Today international organized crime syndicates in Colombia, Mexico, and other countries control illegal drug trafficking. These drug cartels produce and distribute heroin, cocaine, methamphetamine, marijuana, and other illegal substances on an unprecedented scale.

These traffickers have developed highly sophisticated crime organizations to thwart local, state and national law enforcement efforts. They employ large numbers of people to produce, ship, and distribute illegal drugs. They also hire hundreds, maybe thousands

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[24] Joint Pub 3-07.4, *Joint Counterdrug Operations*, 17 February 1998, 1-1.
[25] Linda Fournier, "Military Involvement in the Drug War: Just Say No!" (Core Course 5, National Defense University, National War College, 1995), 2.
[26] Joint Pub 3-07.4, *Joint Counterdrug Operations*, 17 February 1998, I-4 – I-10.

of people to launder money, provide communications and security, and recruit replacements. Since the drug traffickers have near limitless budgets, they can purchase technologically advanced airplanes, boats, vehicles, radars, communications equipment, and weapons.[27] Many of these criminal organizations have funding and equipment exceeding the resources of many small countries.

According to the *1999 National Household Survey on Drug Abuse*, there were an estimated 87.7 million Americans who had used or were using illegal drugs. [28] The next chapters will show why stricter law enforcement and increased military involvement failed to overcome the kind of market momentum inherent in drug trafficking.

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[27] U.S. Department of Justice, *Overview of International Criminal Organizations* (Drug Enforcement Agency: http://www.usdoj.gov/dea/traffickers/overview.htm).

[28] U.S. Department of Justice, *1999 National Household Survey on Drug Abuse,* (DEA: http://www.usdoj.gov/dea/concern/use.htm). Interestingly, drug abuse in the United States reached a low in 1992 and has steadily risen to current levels of users/abusers of illicit drugs in 1999. In 1992, 5.3 percent of 12-17 year old children, and 13.3 percent young adult aged 18-25 used illegal drugs. There were 68,000 heroin users, and 390,000 inhalant abusers. By 1999, drug abuse/use had increased to 10.9 percent of 12-17 year old children, and 17.1 percent young adult aged 18-25 used illegal drugs. There were 208,000 heroin users, and 991,000 inhalant abusers. The Author finds it interesting that drug abuse levels rose during an Administration when illegal use was admitted by senior member(s). Also that abuse levels rose while the Federal Drug budget rose from $11.9 billion in FY92 to $17.8 billion in FY00.

Chapter 3

Measures of Effectiveness

"It would take an army of U.S. military personnel standing shoulder to shoulder over every mile of our border to stop drugs from entering the United States and even this would be ineffective."

—Report by House of Representatives Committee on Foreign Affairs, 1975[29]

Facts and Statistics

According to the Executive Office of the President, Office of National Drug Control Policy (ONDCP), 77 million (35.6%) of Americans aged 12 and older reported some use of an illicit drug *at least once* during their lifetime. In the same report, 11.2% of Americans reported some kind of use in the past year, and 6.4% admitted using drugs improperly in the month before the survey was conducted.[30]

From 1980 to the year 2000, the total Federal Drug Budget grew from $1.0 billion to $18.5 billion. The total Department of Defense drug control budget went from $501.6 million in 1989, to $1.159 billion in 2000.[31] However, the cost to the military was much higher because the DoD counterdrug program accounts for all associated counterdrug resources with the exception of Active military component personnel costs. These costs are absorbed within the Total DoD Budget.[32] Therefore, actual DoD contributions to the

[29] Joseph D. McNamara, "Drug War Follies," *Stanford,* September 1994, 57.
[30] Executive Office of the President, Office of National Drug Control Policy (ONDCP), Drug Data Summary, April 1999, http://www.whitehousedrugpolicy.gov, NCJ-172873.
[31] Ibid, U.S. Department of Justice, Drug Enforcement Administration data, and data collected from Office, Assistant Secretary of Defense Special Operations/Low-Intensity Conflict.
[32] Office of National Drug Control Policy, *National Drug Control Strategy, FY 2001 Budget Summary*, **Footnote, bottom of page 35.

counterdrug program are much greater than the amount reported in the official government reports.

According to government statistics[33] drug related arrests rose (from 24,652 in 1988 to 40,383 in 1999), Methamphetamine laboratory seizures rose (from 810 in 1988 to 2,155 in 1999), and drug seizures for marijuana and Methamphetamine rose (Marijuana: 148,647.2 kg in 1990 to 338,297.3 in 2000; Meth: 751.5 kg in 1990 to 2,232.1 in 2000), while drug seizures decreased for heroin and cocaine (heroin: 638.6 kilograms in 1990 to 534.9 kg in 2000; cocaine: 73,728.5 kg in 1990 to 50,611.8 in 2000). All this activity occurred while the price per gram of illegal drugs declined and the purity for most illegal drugs rose (see Table 1).

Table 1. Illegal Drug Price and Purity 2988 to 1998

Drug Type	**1988 Price/Purity** (per gram)	**1998 Price/Purity** (per gram)
Cocaine	$218.33/75.99%	$169.25/71.23%
Heroin	$947.32/39.48%	$317.97/51.33%
Methamphetamine	$229.18/54.95%	$141.41/33.17%
Marijuana	$12.50	$10.41

Source: Executive Office of the President, Office of National Drug Control Policy, ONDCP, Drug Policy Information Clearinghouse, April 1999.

In addition, someone in the United States is arrested for drug violations every 30 seconds. The U.S. has 1/22 of the world's population and ¼ of the world's prisoners. On the average, a new prison is built every week in the U.S. because of the numerous arrests and long incarceration terms.

The U.S. government tracks and analyzes huge amounts of drug data. But it fails to track important drug data. The government doesn't know the number of chronic drug users in America today. It doesn't know the true availability of illegal drugs in major U.S. cities. The government doesn't know the quantities or the rate of shipment of illegal drugs from source countries. The government and its agencies don't know the amount of domestic cultivation and production of illicit drugs.

Yet, in light of all these facts, both known and unknown, retired Army General Barry McCaffrey, Director of the Office of National Drug Control Policy, stated in March 2000, that "we are winning" our fight against drug abuse.[34] What is the Government of the United States "winning," and what is the military role in defeating drug abuse in America?

A Clearly Defined and Achievable Mission

According to the *National Security Strategy,* the "aim of the drug control strategy is to cut illegal drug use and availability in the United States by 50 percent by 2007 – and reduce the health and social consequences of drug use and trafficking by 25 percent over the same period, . . ."[35] The government hopes to achieve these results by expanding prevention efforts, improving treatment programs, strengthening law enforcement, and enforcing tougher interdiction.[36]

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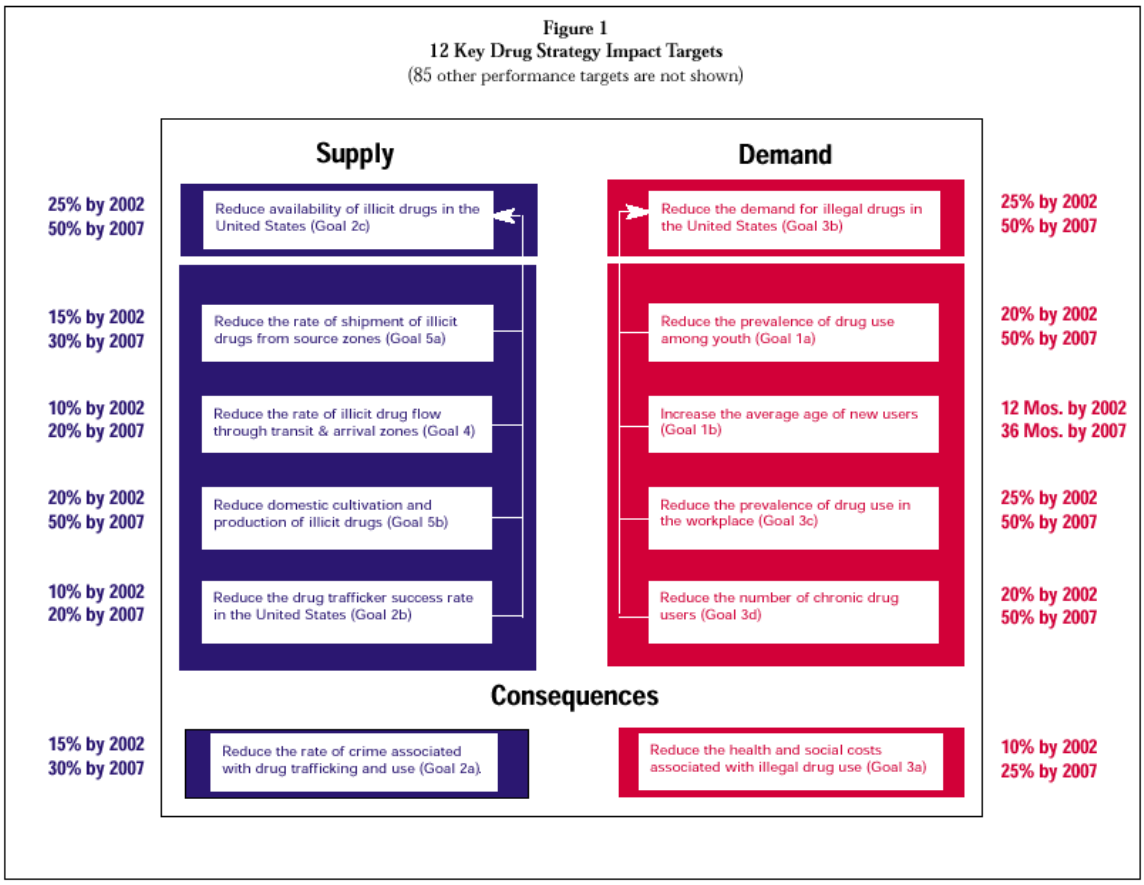
[33] U.S. Department of Justice, Drug Enforcement Administration, Drug Statistics, http://www.usdoj.gov/dea/stats/drugstats.htm.
[34] Eric E. Sterling, President, Criminal Justice Policy Foundation, Institute for Policy Studies, Washington, D.C.
[35] *A National Security Strategy For A New Century,* December 1999, 15.
[36] Ibid, 15.

The *National Drug Control Strategy* supports the *National Security Strategy* by identifying Goals and Objectives to support its "mission to reduce drug use, availability, and disastrous consequences."[37] The strategy has 5 Goals and 31 Objectives. Figure 1 shows the "12 Key Drug Strategy Impact Targets" and the percent reduction they hope to achieve. This strategy suggests that approximately 50 percent of the United States' efforts will be targeted against "demand" (prevention and treatment), while the other 50 percent of the effort will attack "supply" (law enforcement and interdiction). In reality, the government has spent 70 percent of counterdrug funding on law enforcement and interdiction ("supply"), and only 30 percent of the available resources for prevention and treatment ("demand"). Looking at the "12 Key Drug Strategy Impact Targets," it seems unrealistic that the U.S. government and its agencies will meet the "targets" by 2007. Past and current drug control performance indicates that the policy and measures taken by the United States will fall far short of achieving the objectives stated in the *National Security Strategy* and the *National Drug Control Strategy*.

Figure 1. 12 Key Drug Strategy Impact Targets

[37] Office of National Drug Control Policy, "Performance Measures of Effectiveness: 2000 Report," Appendix A: Goals and Objectives of the 2000 Strategy, A-1.



Source: Office of National Drug Control Policy, "Performance Measures of Effectiveness: 2000 Report," Appendix A: Goals and Objectives of the 2000 Strategy.

An over ambitious drug strategy is nothing new. According to the *1984 National Strategy for the Prevention of Drug Abuse and Drug Trafficking*, America would be "drug-free" by 1995, thanks to interdiction assistance from the military. Military interdiction operations were supposed to reduce the supply of drugs, raise prices, reduce profits, and deter smugglers from delivering their product.[38] Why hasn't this been successful?

[38] Jon T. Byrd, *Mission Impossible: It's Time to Pull the Military Out of Drug Interdiction,* National Defense University, National War College, Fort McNair, Washington, D.C., 1997, 3.

Supply and Demand

The primary focus of the United States' drug policy has been to reduce the illegal drug supply in America. Had this counterdrug strategy and program been successful, then the supply of illegal drugs on the streets of America's cities would be dwindling, the level of purity would be declining, and prices for illegal drugs would be increasing. However, by every measurement the government uses, illegal drugs are plentiful, pure, and falling in price. How is this possible?

Classic "supply" and "demand" economies seek equilibrium. This means that the quantities of a product "demanded" by the buyers at a given price will eventually equal the quantities of a product suppliers are willing to sell at a given price. That price becomes the "equilibrium market price." Prices rise and fall in relation to consumer demand.

However, the illegal drug market responds differently than classic "supply" and "demand" economic models. For example, if the government were capable of disrupting the supply of cocaine sufficiently to create a significant increase in its price (which it hasn't been capable of doing)[39], the "core" demand would not change. Given the addictive nature of this illegal substance, hard-core cocaine users either find some way to finance their more costly habit, become sick and seek medical addiction withdrawal assistance or, they find a more cost-effective substitute. For the cocaine abuser, "crack"

[39] The ONDCP believes there are 1.5 million current cocaine users in America, as reported in their April 1999, Drug Policy Information Clearinghouse report. However, one major shortfall of the Federal program is that the U.S. government doesn't really have any idea how many chronic drug users live in America today. The government's primary tool for measuring illegal drug users, aside from law enforcement arrest records, is through the Substance Abuse and Mental Health Services Administration (SAMHSA) National Household Survey on Drug Abuse.

cocaine is the less expensive choice. People addicted to illegal drugs "support their habit" regardless of the price.

Another factor often ignored when "combating" illegal drugs is the profit. The profit gained by selling illegal substances is so high, that even very large "drug busts" have a limited capacity to threaten the profitability of narco-traffickers. Illegal drug smugglers are willing to lose up to 80% of their product (which seldom happens) because their profitability is still extremely high. If the national counterdrug supply reduction strategy was working, drug seizures would result in dramatic price increases. As previously discussed, illegal drug prices in the U.S. are lower, and purity is higher than at any previously recorded time.

Finally, if U.S. counterdrug supply operations were successful, and prices for illegal drugs rose significantly, the increasing price and profit would draw new producers and suppliers into the market. This huge profit potential would create an incentive for more people to provide illegal drugs. Thus increasing the demand for more U.S. counterdrug operations. But as we have seen, the U.S. counterdrug program has not been successful.

Military Interdiction Operations As a Supply Reduction Tool

One of the problems with the illegal drug trade is that this product and its suppliers are more nimble than the U.S. efforts to stop it. Despite the billions of dollars spent by the United States, this country is incapable of stemming the supply of illegal drugs reaching its borders. For this reason, Presidential administration after administration, and Federal agency after agency, have chosen to highlight the "number of tons intercepted" as a measure of success. "Tons of drugs seized" are as false a metric for the "drug war" as

"body count" was for the "Vietnam War." Why the United States government continues using misleading measurements to show success in the "War on Drugs" needs more explanation.

Smugglers, historically, are adept at using innovation and surprise to outmaneuver their adversaries. Today's drug traffickers are, by definition, smugglers. They are motivated by profit to deliver their illegal cargo to markets where they can reap a substantial reward. Because smugglers are a "for profit" business, they have incentives to adapt quickly to maintain profitability. Military interdiction operations exemplify how smuggler adaptation outpaces the interdiction effort.

In the mid-1970s, the primary drug coming from South America was marijuana. Methods were crude and obvious. Huge bales of the drug were shipped from Colombia past Cuba into Florida. As interdiction operations increased, drug traffickers used more sophisticated techniques to deliver their product to market.[40]

When the cartels shifted to cocaine, their primary transportation means was via aircraft. As surveillance and air interdiction became more effective, the drug traffickers changed their *modus operandi* to elaborate, circuitous routes designed to evade interception, confiscation and incarceration.

In the late 1980s and early 1990s, the U.S. government adopted a strategy to block the air transport of cocaine base paste and "finished" cocaine (cocaine hydrochloride or HCI) within the South American Andean Mountains and Amazon basin.[41] This strategy

[40] Byrd, 4.

[41] The US government's "Air Bridge Denial Strategy" had little to no impact on the price and availability of cocaine in the United States. U.S. policymakers usually refer to recent Operations Green Clover (1995) and Laser Strike (1996-present) when trying to praise the results and justify the expense of these denial programs. However, air bridge denial efforts actually began in Peru and Bolivia in the late 1980s and include Operations Blast Furnace, Snowcap, and the Andean Initiative Operations Safe Haven, Ghost Zone, and Support Justice I-IV. Sadly, these resource intensive operations failed to reduce cocaine availability,

used multi-million dollar high technology equipment such as radars, satellites, and high performance aircraft to monitor the movement of cocaine and its precursors. This "strategy" was described as a success by U.S. government officials,[42] but, in reality, it accomplished little.

According to a 1994 GAO report, the drug flights continued. Traffickers merely modified their strategies to use fewer flights, larger shipments, night schedules, briefer loading and unloading times, and more circuitous routes. They also used new technologies, including stronger and faster planes. To elude surveillance, they flew zig-zag patterns, shadowed the flight path of legitimate commercial flights, and took off in groups of three that dispersed using distinct routes. They also corrupted local officials and security forces by using pay-offs and bribes.[43]

Today, the drug cartels move the vast majority of their illegal products via commercial land transport. Nearly 500 million people, 100 million vehicles, and $850 billion worth of imported merchandise pass through U.S. borders each year.[44] The North American Free Trade Agreement (NAFTA) and other trade agreements throughout the Western Hemisphere have made smuggling (illegal drug trafficking) easier, more difficult to detect, and more cost effective for organized crime.

As one researcher aptly put it, "The drug trade evolves under Darwinian principles—survival of the fittest. Our response of prohibition through law enforcement ensures that

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had no effect on purity (purity has actually improved), and there was no increase in the price of cocaine. These operations met none of the goals or objectives outlined in the policies that called for these military endeavors.

[42] Robert Newberry, Director of Department of Defense Drug Enforcement Policy and Support, in testimony before the House National Security Sub-Committee, on July 9, 1997.

[43] Accion Andina, *Evaluating Interdiction Efforts in the Andes: A Case Study of Air Bridge Denial*, Transnational Institute, Cocahamba, Bolivia, May 1999, 4-5.

[44] U.S. Customs Service Press Release, "Customs Reports Year 2000 Status of Cross-Border Inspection Program," October 15, 1999.

the clumsy and inefficient traffickers are weeded out. . . . By this process of natural selection, we are creating super traffickers."[45] Additionally, drug suppliers produce for the market what they would have produced anyway, plus enough extra to cover anticipated government seizures.[46] Because of excess capacity and profitability interdicting sufficient amounts of drugs are nearly impossible.

Costs and Risks of Using Military Forces

Costs

The costs associated with using military forces to combat drugs are significant. The Congressionally mandated role for the military to be the lead agency for detecting and monitoring air and maritime shipments has involved significant resources in both personnel and equipment.

Prior to DoD becoming the lead agent for detection and monitoring, the effort was uncoordinated and haphazard. The civilian agencies previously tasked had an insufficient number of aircraft and ships to accomplish the mission. The Pentagon was able to supply the resources necessary to conduct near continuous surveillance of the primary trafficking routes. Because the military perceived this new "post Cold War" mission as one which provided publicity and funding, the once hesitant Pentagon "brass" embraced the new "cause" and funneled significant military planning and logistics resources into "conquering" the drug menace. The Pentagon used ground-based radars, tethered (aerostat) radar balloons, airborne early warning aircraft (like AWACS), and radar

[45] Sanho Tree, "Colombia: A War Without End?" Institute for Policy Studies, Washington, D.C., 3.

equipped ships to monitor and detect any aircraft or boat illegally transiting the Caribbean and eastern Pacific.

Today the so-called "drug war" permeates every level of the Department of Defense structure. From the Assistant Secretary of Defense for Special Operations/Low Intensity Conflict, to the Joint Staff, J-3 Operations Directorate, to the Theater Engagement Plans for each of the regional warfighting commands, counterdrug operations are a key, non-military mission for numerous members of the armed forces.

According to Senate Armed Services Committee testimony: "On any day of the year, 24 hours a day, we have about nine ships, 22 aircraft . . . and 3,000 military personnel deployed in the theater. We use about 4,000 ship days and 38,000 flight hours. To put it in perspective, that is about the equivalent that we would have expended over a year on the Sixth Fleet deployment in the Mediterranean—a substantial commitment."[47]

In Fiscal Year 2000, the Department of Defense spent $1.142[48] billion to support all five of the ONDCP goals. The accounting and tabulation of drug control money in the Federal Budget is extremely complex and confusing. The numbers from different government sources seldom add up. Therefore, it is extremely difficult to determine the "real" costs and expenditures of the government for counterdrug operations. The ONDCP tracks expenditures according to money spent for accomplishing each of the "5

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[46] C.P. Rydell, & S.S. Everingham, "Controlling Cocaine." Prepared for the Office of National Drug Control Policy and the United States Army, Santa Monica, CA: Drug Policy Research Center, RAND, 1994, 6.

[47] General Accounting Office, "Heavy Investment in Military Surveillance Is Not Paying Off," GAO/NSIAD-93-220, September 1993, 23.

[48] Office of National Drug Control Policy, *National Drug Control Strategy, FY 2001 Budget Summary*, 35. This document states DoD expenditures were $1.142022 billion while the Department of Defense "FY91-FY02 DoD Counterdrug Funding" data states the FY 2000 total as being $1.1591 billion.

Goals," in its strategy,[49] as well as by tracking each agency's contribution per goal, per year.

For example, according to the Department of Defense Resource Summary on page 35, of the "National Drug Control Strategy, FY2001 Budget Summary," $572.115 million was spent in FY2000 for drug interdiction activities. However, on page 38 of the same report, it is stated that $434.1 million was used for interdiction activities in support of "Goal 4." Therefore, another $38 million was spent somewhere else for interdiction operations that wasn't in support of Goal 4. What can be ascertained from the government documents is that $132.9 million was spent in FY 2000 for detecting, monitoring, and interdicting military operations in support of "Goal 4: Shield America's Air, Land, and Sea Frontiers From the Drug Threat." However, what that money paid for is difficult to determine from the official document.

One of the military assets used for interdicting drug smugglers, according to U.S. Government records, is the Relocatable Over-the-Horizon Radars (ROTHR) operated at Corpus Christi, Texas, and Cheasapeake, Virginia. These "Cold War" radars were originally designed to provide tactical warning to battle group commanders of air and surface threats at extended ranges. However, their full-time function today is for counter-narcotics surveillance at a cost of $33.88 million per year (Fiscal Year 2000). A third radar is scheduled for installation in Puerto Rico in the near future. There is an additional

[49] The Five Drug Strategy Goals are: 1) Educate and Enable America's Youth to Reject Illegal Drugs As Well As Alcohol and Tobacco, 2) Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence, 3) Reduce Health and Social Costs to the Public of Illegal Drug Use, 4) Shield America's Air, Land, and Sea Frontiers From the Drug Threat, 5) Break Foreign and Domestic Drug Sources of Supply.

$13.164 million for that site in FY 2000 and $14.938 million for FY 2001. When all 3 radars are operational the annual expenditure will be over $48.8 million per year.[50]

This fund also paid for eleven Tethered Aerostat Radar Systems (TARS) which cost $34.54 million in fiscal year 2000. These high altitude tethered balloon radars provide intelligence on drug smuggling activities. Although less costly than manned aircraft surveillance platforms, these radars are ineffective in certain weather conditions. However, drug smugglers are aware of the TARS limitations and have been known to operate in weather conditions unacceptable to the tethered radars.

In addition, the DoD spent $348.8 million for intelligence activities and support to break foreign and domestic sources of supply.[51] For all counterdrug activities the DoD spent $1.159 billion in an effort to stem the tide of illicit drugs entering the United States.[52]

Total DoD expenditures are probably doubled this amount because the Pentagon doesn't account for the salary and allowances of the active duty military personnel involved in counterdrug operations.[53] Therefore, adding the pay, allowances, depreciation on material and equipment, fuel costs, and all other costs not otherwise accounted for, this program is costing the American taxpayer in excess of $2.3 billion each year.

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[50] Expenditures gathered from Department of Defense documents furnished by the Assistant Secretary of Defense for Special Operations/Low-Intensity Conflict (ASD-SO/LIC), entitled "Counterdrug Resource Detail by Goal (Includes OPTEMPO), Goal 4 – Shield America's Frontiers, and Goal 5 – Break Drug Sources of Supply.

[51] Office of National Drug Control Policy, *National Drug Control Strategy, FY 2001 Budget Summary*, 38-39.

[52] Programs, Resources and Assessments, Drug Enforcement Policy and Support, Office of the Assistant Secretary of Defense, Special Operations/Low-Intensity Conflict, briefing slide dated 3/12/01.

[53] Office of National Drug Control Policy, *National Drug Control Strategy, FY 2001 Budget Summary*, **Footnote, bottom of page 35.

Although $2.3 billion is a significant amount of money, it does not reflect the intangible value of lost training days, as well as non-productive travel time moving personnel and units from counterdrug operations locations to their primary training bases. These non-productive days reduce the total time available for military forces to prepare for their primary combat and combat support duties. Because of cost "under reporting" by the Department of Defense, lost opportunity costs for the United States' armed forces may be considerably higher than this. The long term negative impact and consequences for force preparedness and readiness are unknown.

However, the current amount of money spent and effort expended is grossly inadequate, according to a Department of Defense study conducted in 1987. The United States Department of Defense analyzed the amount of military force it would take to secure U.S. borders against drug trafficking. The results of this study were reported to the U.S. Congress in the 1987 Review of International Narcotics Control Strategy Report. Their findings concluded that a force sufficient to interdict and close U.S. borders to drug smuggling would require 96 infantry battalions (approximately 500-900 people per battalion), 53 helicopter companies (15-30 aircraft per company and approximately 200 people), 210 patrol ships (crews of 30 to 120 depending on the size and class of ship), and 110 surveillance aircraft (that could require 6 to 11 squadrons with 100 to 300 people per squadron). The report determined that it would take approximately 500,000 military personnel and their allotted equipment permanently stationed along the U.S.-Mexican border to interdict drug traffickers adequately. However, the report suggested that even

at that level of effort, it would be a waste of resources inasmuch as drug traffickers would exploit any gaps in the border "defenses."[54]

To bring the interdiction challenge into perspective, it takes only 13 tractor trailer truckloads of cocaine to satisfy one year's worth of U.S. drug demand. The United States has 12,300 miles of shoreline, 300 ports of entry and more than 7,500 miles of border with Mexico and Canada.[55] It is estimated that 55-70% of all illicit drugs come into the United States across the Mexican border.[56]

Retired General Barry McCAffrey, the White House Director of National Drug Control Policy, testified before Congress that "the flow of drugs across the Southwest Border has not been significantly curtailed despite tactical success that have caused changes in smuggling routes and techniques."[57] In other words, stopping drugs at the border is mathematically impossible.

The General Accounting Office has noted in its reports that the military, which provides significant surveillance and intelligence assets, also bring a price tag to the U.S. taxpayer that is disproportionate to the results achieved. According to a GAO study, the Air Force E-3 Airborne Warning and Control System (AWACS) has an estimated direct operating cost of $4,200 per hour, and associated overhead ran this cost to almost $10,000 per hour.[58] Spending on surveillance activities and the associated intelligence

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[54] Joseph Miranda, "War On Drugs: Military Perspectives and Problems," The Drug Reform Coordination Network, Washington, D.C., January 2000, 3.
[55] George Frankel, "Federal Agencies Duplicate Efforts, Wage Costly Turf Battles," *The Washington Post*, June 8, 1997, A1.
[56] Stephen E. Flynn, PhD., "Drugs, Thugs, and Trade: Border Control in an Era of Hemispheric Economic Integration," a paper prepared for the Council On Foreign Relations, February 7, 2000, 5.
[57] Retired General Barry McCaffrey, White House Director of National Drug Control Policy, in testimony to the House Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, September 24, 1999.
[58] General Accounting Office, "Heavy Investment in Military Surveillance Is Not Paying Off," GAO/NSIAD-93-220, September 1993, 21.

analysis has mushroomed, "despite the lack of clear-cut objectives," according to the GAO. As a result, the cost of the program is "out of proportion to the benefits it provides."[59] Overall, airborne surveillance and tracker aircraft *operating costs* (salaries and benefits of active duty military personnel are not included in the costs) were at least $56.564 million in FY 2000.[60]

Aside from the GAO, the Pentagon has been warned by researchers at the RAND Corporation that "a major increase in military support is unlikely to significantly reduce drug consumption in the United States" due to the profit structure of illegal drug trafficking. RAND determined that "only about ten percent of the final price of cocaine comes from smuggling costs and profits."[61] Drug traffickers can cover major losses due to interdiction operations without raising the price of their product to the consumer. This completely contradicts one of the major premises of the U.S. government drug strategy that increased interdiction would raise the price of illegal drugs above the level which drug consumers would pay.

Level of effort by the Department of Defense, or any organization, should not be confused with success. Performance and effectiveness are not synonymous. The Pentagon, Congress, and law enforcement agencies continue to trumpet tactical successes (drug seizures, arrests, labs destroyed) that contribute little, if anything, to actually reducing U.S. illegal drug use. These agencies have fooled themselves and their

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[59] Ibid, 4, 15.
[60] ASD-SO/LIC documents, Goal 4 and Goal 5.
[61] Peter Reuter, Gordon Crawford, and Jonathan Cave, "Sealing the Borders: The Effect of Increased Military Participation in Drug Interdiction, RAND Corporation, January 1988. Prepared for the Office of the Under Secretary of Defense for Policy, xi-xiv. Peter Reuter, "After the Borders Are Sealed: Can Domestic Sources Substitute for Imported Drugs?" Reprinted from *Drug Policy in the Americas*, RAND Report RP-167 (Santa Monica, CA: RAND, 1992), 163-177; and Peter Reuter, *Why Can't We Make Prohibition Work Better? Some Consequences of Ignoring the Unattractive,* RAND Report RP-658 (Santa Monica, CA: RAND, 1997), 266-70.

constituencies into believing they are accomplishing something. None of the things they are measuring impacts illegal drug use and abuse in America today. Their level of effort is an indication of their commitment to the mission, not any measure of success. The current program and level of effort is incapable of keeping drugs out of the prisons, let alone off the streets of our cities.[62]

Risks

The risks associated with using military forces to combat drugs fall into several categories.

A grave societal risk is the expansion of military power into civil law enforcement. The U.S. Congress has increasingly blurred the differences between military force and law enforcement. The first legislative step to widen the Pentagon's role in the drug war came in 1981, when lawmakers amended the Posse Comitatus Act of 1878 (Title 18, US Code, Section 1385, which made it illegal for the military to enforce civil law on U.S. territories or waters) to allow the military to provide equipment, information, training, and advice to law enforcement agencies.

Secretary of Defense Caspar Weinberger warned in 1985, "Reliance on military forces to accomplish civilian tasks is detrimental to both military readiness and the democratic process."[63] Since then Congress has continued to push the military deeper and deeper into the so-called "War on Drugs." President Reagan's National Security

[62] Executive Office of the President, Office of National Drug Control Policy (ONDCP), Drug Data Summary, April 1999, http://www.whitehousedrugpolicy.gov, NCJ-172873, 4.
[63] The Defense Monitor, "The Pentagon's War on Drugs: The Ultimate Bad Trip," Vol. XXI, Number 1, 1992.

Decision Directive 221 in April of 1986, made drug trafficking a "lethal" threat to the United States. This opened the door for more direct action against drug traffickers and their organizations.

It is important to remember that law enforcement missions are inherently different from military missions. Law enforcement agents use force as the last resort. The military uses deadly force as their primary instrument. Not only is it their primary means of settling conflict, militaries use overwhelming and indiscriminate force to quickly and efficiently end the conflict. This has huge political and social implications on civilians and non-combatants.

The Pentagon follows strict rules designed to keep active duty military personnel out of both legal and physical trouble. Active duty military personnel are not allowed to act like law enforcement personnel, to arrest or apprehend anyone. "Military personnel are accompanied by the law enforcement agency that requested their support, and they do not participate in any subsequent seizures of arrests." Additionally, "care is taken not to maintain intelligence on U.S. citizens."[64] Hopefully, everyone will sleep better knowing that the U.S. military does not maintain intelligence information on U.S. citizens ***yet***.

Because of growing drug violence along U.S. borders, a number of lawmakers have indicated that they might support an increased military presence. Surprisingly, liberal defender of civil rights, Senator Dianne Feinstein of California, said she was nearing the opinion that it would take expanded military involvement "to stop these incursions" along the border.[65]

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[64] Peter Zirnite, "Reluctant Recruits: The U.S. Military and the War On Drugs," Washington Office on Latin America, Washington, D.C., August 1997, 28.
[65] The Miami Herald, "Border Areas Are Overrun With Drugs, Rancher Says," August 1, 1996, 3A.

One result of increased militarization of the drug war along the U.S. border with Mexico, is the case of Esequiel Hernandez, Jr., a young man gunned down by a U.S. Marine Corps unit engaged in anti-drug surveillance along the U.S.-Mexico border. On May 20, 1997, according to U.S. press reports, the 18-year-old goatherd, a citizen of the United States, was followed and shot by Marines on patrol. The Marine unit was not supervised by law enforcement officials, and the boy was shot and died under "unusual" circumstances.

This is an isolated and horrible incident. Yet, it exemplifies the difference between law enforcement and military operations. Law enforcement agents are trained to protect and defend lives. Professional military forces are trained for combat. The difference is very clear to Esequiel and his family. Sadly, the differences are not so clear to the American people. General Carlton W. Fulford, Commander of the 1st Marine Expeditionary Force at Camp Pendelton, admitted to The Washington Post, ". . .the killing might not have happened had civilian law enforcement agencies patrolled the border."[66]

So far, U.S. military might has not been "unleashed" on the people of the United States. But U.S. military forces have had a major effect on other countries around the world.

In December 1989, President George Bush used U.S. military forces to find and apprehend General Manuel Noriega, in the previously sovereign country of Panama. His memo stated: "I hereby direct and authorize the units of the Armed Forces of the United States to apprehend General Manuel Noriega and any other persons in Panama currently under indictment in the United States for drug-related offense." He also authorized U.S.

military personnel to "detain and arrest" anyone who in their judgment warranted such action.[67]

In Central and South American countries, fledgling democracies are being threatened as U.S. military "advisors" and contractors militarize civil police organizations. Rule of law and Constitutional liberties are undermined when drug enforcement operations are taken from the hands of civil authorities and placed in the arms of national military leaders. The "war on drugs" has allowed certain sectors in American politics to have a justification for increasing repression in the United States and intervening abroad.

The U.S. government excuses interference into the internal affairs of many sovereign nations using the guise of "drug war" or "drug interdiction operations." "Coordination and infrastructure improvement" is U.S. military and State Department "double-speak" for internal interference.

On the ground in Latin America, "cooperation" touted by U.S. officials is often an imposition, or more often, a violation of national sovereignty for the Latin country. Increased militarization of host countries has resulted in money, material and training provided to police and military units under the guise of expanding cooperation and building infrastructure for multinational drug operations. The result of this "cooperation" is that it tends to undermine fragile democratic institutions while it reinforces and re-legitimizes the domestic role of the military and militarized police.[68] Countries with histories of repressive military dictatorships and human rights violations may revert to their non-democratic leanings if the military is given too much power, too soon, in order

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[66] Zirnite, 29.
[67] Zirnite, 10-11.
[68] Andina, 3-4.

to stop illegal drugs. Two decades of Latin American democratization may be undone by too much power reverting to the military in the form of "counterdrug assistance."

The National Guard Contribution

Although not highlighted in this paper, there are some military units within the Department of Defense that have assisted local and state law enforcement agencies. The National Guard Counterdrug Program is a domestic program that reaches into every community in the U.S. and its territories. The National Guard deals with illegal drugs by operating under the command of each State's Governor and Adjutant General. This "grassroots" approach to dealing with illegal drug supply and demand appears to be cost effective. The National Guard, unlike the Active duty forces, carefully account for every dollar spent in their program. Although the long-term results are questionable, the U.S. taxpayer knows where their money has been spent.

Chapter 4

Conclusions

You can always count on the Americans to do the right thing after having first exhausted all other alternatives.

—Winston Churchill

The drug problem in America is incredibly complex. Passions run high supporting both sides of the argument. A paper like this can only scratch the surface. But there are some key lessons to be learned from this study.

Lesson One. Current U.S. Counterdrug Effort Is Not Working

The government's own statistics tell the story best. The quantity, the availability, the price and purity of illegal drugs are better for the "consumer" today than they were a decade ago. All of the law enforcement arrests, seizures, mandatory sentencing, deaths and destruction, have done little to stem the tide of illegal drug availability and use in the United States. From the extensive and costly U.S. government effort, they can only show that, on occasion, they arrest large numbers of people, seize significant quantities of illegal drugs, confiscate piles of cash, numerous weapons, and confiscate millions of dollars worth of belongings and possessions. But, according to their own statistics, they achieve no long-term results. Interdiction operations aimed at the illegal drug supply achieve nothing of consequence.

Lesson Two. Military Involvement In Drug Interdiction Operations Should Be Drastically Reduced.

Billions of dollars have been spent by the Department of Defense to little or no avail in support of the "drug war." U.S. military forces and capabilities are a diminishing resource. What military might remaining in the U.S. inventory needs to be prepared to fight the Nation's "real wars," not its so-called "drug wars."

The U.S. military is the most advanced and capable military force on the face of the planet. However, its resources in personnel and equipment are finite. Force and budget reductions have taken a tremendous toll on this military force. Increased overseas commitments, responding to numerous crises, as well as difficulty retaining and recruiting quality personnel, all contribute to stress on the force.

Using high value, low-density weapon systems like the Air Force E-3 AWACS, EC-130H "Compass Call," and Navy P-3 aircraft for counterdrug surveillance operations are not the optimum use of U.S. strategic resources. The wear-and-tear on these systems, and the increased corrosion caused by salt air and water, reduce the total operational time expectancy of these valuable aircraft. If the missions contributed to the defense and security of the U.S. then the expense would be worth the effort. However, since there are no concrete results from the counterdrug interdiction operations, then reducing the useful time span of these aircraft is a waste of taxpayer money.

Therefore, all military assets currently used by U.S. counterdrug law enforcement agencies, should be evaluated for their effectiveness, total contribution, and cost of operation. If these assets are not **significantly** reducing the amount of illegal drugs entering the United States (the statistics clearly show they are having little impact), then these assets should revert to their primary mission of preserving national defense.

Lesson Three. The "Drug War" Is Not a War At All

The "Drug War" is not a war, and the American people do not really want to fight it as a war. If the "Drug War" became a "real war" the restrictions on civil liberties and human rights could become unbearable and irrevocable. The implementation of martial law to control movement, assembly of citizens, and accountability of populations, all standard during times of "war," would be politically, socially, and morally unacceptable to the general population. Military forces allowed to "shoot on sight," based on mere suspicion, would be routine. Roadblocks, check-points, searches, seizures, all in the name of "drug war" would suspend human and individual rights like nothing we've seen since the Second World War.

A real "drug war" would require military and law enforcement cooperation and communication on a global level that would make George Orwell blush. The international sharing of intelligence to defeat the "enemy" (the drug traffickers, drug users, and drug abusers) would require huge computer and data networks prying into financial and personal information for anyone suspected of using or abusing drugs. The suspension of civil liberties and privacy would be unprecedented.

With the military in charge, this international counterdrug operation would be extremely well organized and efficient. As a conservative organization bent on accomplishing the "mission," the military forces involved in counterdrug operations would probably err on the side of caution. To maintain security and order, because it was a war, innocent people would be incarcerated from time to time. As with all "wars" there are casualties on both sides, "friend" (non-illegal drug users) and "foe" (illegal drug users). People would be considered "guilty" until proven innocent, not "innocent" until proven guilty, as civil law currently stands. Eventually, the people capable of proving

their innocence would be set free. However, families, businesses, and communities could suffer major disruptions if the nation chose to "fight" the "drug war."

This representation of the "war on drugs" may appear extreme. But it is a lack of clarity and the urge to oversimplify that the American people and their elected leaders have wandered into the rhetoric of warfare. The United States has not fought a war on its own territory for well over 100 years. This nation fought its wars in other peoples' lands. Bringing it home to America has implications beyond mere words. Definitions are important. Law enforcement and military action should never be substituted for each other without careful consideration of the ramifications. War is a very deadly enterprise.

Conclusion.

Further militarization of the drug war is not the answer. Increased hostility and violence breed more hostility and violence. The current U.S. policy for dealing with America's illegal drug problem is fatally flawed. The facts and the statistics clearly show that emphasizing supply reduction over demand reduction is ineffective. Using valuable military assets to support ineffective law enforcement activity only compounds the problem. Millions of dollars are wasted each year trying to solve and unsolvable supply and demand problem.

This study does not solve the illegal drug dilemma facing the United States. It does, however, suggest that the military forces of this country would be better used if they were withdrawn from supporting counterdrug operations. U.S. military forces should be trained and ready to fight the nation's "real" wars. There are sufficient law enforcement assets throughout the United States to maintain the peace and security of its communities.

Perhaps, with fewer resources, law enforcement agencies might become more innovative and seek out new, less costly means for countering illegal drug use. Too many assets sometime breed complacency. Throwing good money after bad is not a solution.

The counterdrug effort of the United States of America has overwhelmingly supported supply reduction over demand reduction efforts. This approach is failing. Perhaps it is time to put more effort into demand reduction and less in the supply side. It's time to take the responsibility for America's drug war from the hands of the military generals and give it to the Surgeon General. Maybe then we can find the path to long-term illegal drug solutions.

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